

BEFORE COPYING FORM. ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: NORMAN CORPORATION, THE  
CONTACT: MATT BUHA  
5900 N. BROADWAY  
EPA ID NO: ST LOUIS CITY, MO 63147

EPA ID# MOD031003569 MO ID# 002738



FORM  
IC

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

IDENTIFICATION AND  
CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

**Sec. I** Site name and location address. Check the box ☐ in Items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		B. County Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
C. Site/company name Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		D. Has the site name associated with this EPA ID changed since 1995? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
F. City, town, village Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		G. State Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H. Zip Code Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Sec. II** Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address		
C. City, town, village	D. State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E. Zip Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Sec. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name BUHA	First name MATTHEW	M.I. B.	B. Title PRESIDENT	C. Telephone Number 314 382-5910 Extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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**Sec. IV** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name BUHA	First name MATTHEW	M.I. B.	B. Title PRESIDENT
C. Signature Matthew B Buha			D. Date of signature 07 28 98 Month Day Year

BKS data entered  
BY EX. Tri-Cor  
ON 8/10/98

Qcd 4/2/99  
Brett tri-cor

EPA ID NO. M00 031 003 569**Sec. V** Generator status. Instructions begin on page 8.**A. 1997 RCRA generator status**

(CHECK ONE BOX BELOW)

- ☒ 1 LQG  
☐ 2 SQG  
☐ 3 CESQG  
☐ 4 Non-generator (CONTINUE TO BOX B)

} SKIP TO SEC. VI

**B. Reason for not generating**

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste  
☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

**Sec. VI** On-site waste management status. Instructions page 10.**A. Storage subject to RCRA permitting requirements**1**B. Treatment, disposal, or recycling subject to RCRA permitting requirements**1**Comments:**

The Norman Corporation is very unique. We are a  
 industrial dry-cleaning company. We dry-clean with  
 mineral spirits/stoddard solvent. We generate waste  
 from our customers industrial wipes, rags, gloves,  
 mats, filters, etc. We are truly a quality waste  
 minimization program for our customers and eliminate  
 a large portion of textiles going to land-fill.



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RCRA RECORDS CENTER